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Bib Data Sheet

CONFIRMATION NO. 5732

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>08/737,904 | FILING DATE<br>11/20/1996<br><br>RULE | CLASS<br>536 | GROUP ART UNIT<br>1644 | ATTORNEY<br>DOCKET NO.<br>IMI040CP3 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

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*Ver M1*

\*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US94/09024 08/05/1994  
 which is a *cont* of 08/1106016, ~~08/1106016~~ 8/13/93, *ABN*

*Ver M1*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

\*\* SMALL ENTITY \*\*

|   |   |                               |                         |                       |                            |
|---|---|-------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>CANADA | SHEETS<br>DRAWING<br>20 | TOTAL<br>CLAIMS<br>48 | INDEPENDENT<br>CLAIMS<br>8 |
|---|---|-------------------------------|-------------------------|-----------------------|----------------------------|

Verified and Acknowledged *Allowance*  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

ADDRESS  
 000959  
 LAHIVE & COCKFIELD  
 28 STATE STREET  
 BOSTON, MA  
 02109

TITLE  
 T CELL EPITOPES OF RYEGRASS POLLEN ALLERGEN

|                                    |   |  |
|------------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>2140 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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